



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Tezspire

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Effective Date: 12/19/2025

Last Review Date: 12/1/2025

Applies to:  New Jersey

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Tezspire under the patient's prescription drug benefit.

### Description:

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indications

- Tezspire is indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma – *Please review under Biologics in Severe Asthma New Jersey State Policy and QSet C26604-A Aetna NJ Medicaid.*
- Add-on maintenance treatment of adult and pediatric patients aged 12 years and older with inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP).

#### Limitations of use

Not for relief of acute bronchospasm or status asthmaticus.

All other indications are considered experimental/investigational and not medically necessary.

### Applicable Drug List:

Tezspire

### Policy/Guideline:

#### Documentation

Submission of the following information is necessary to initiate the prior authorization review:

#### **Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)**

##### Initial requests

- Chart notes or medical record documentation showing nasal endoscopy, anterior rhinoscopy, or computed tomography (CT) details (e.g., polyps location, size), Meltzer Clinical Score, or endoscopic nasal polyp score (NPS) (where applicable).
- Chart notes, medical record documentation, or claims history supporting previous medications tried including drug, dose, frequency, and duration. If therapy is not advisable, documentation of clinical reason to avoid therapy.



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#### Continuation requests

Chart notes or medical record documentation supporting positive clinical response

#### **Prescriber Specialty**

Chronic rhinosinusitis with nasal polyps (CRSwNP): allergist/immunologist or otolaryngologist.

#### **Initial Coverage Criteria**

Requests require that the member is unable to take Dupixent and Xolair for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval.

#### **Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)**

Authorization of 6 months may be granted for members 12 years of age or older who have previously received a biologic drug indicated for CRSwNP in the past year.

Authorization of 6 months may be granted for treatment of CRSwNP in members 12 years of age or older when ALL the following criteria are met:

- Member has bilateral nasal polyposis and chronic symptoms of sinusitis despite intranasal corticosteroid treatment for at least 4 weeks unless contraindicated or not tolerated.
- Member has CRSwNP despite ONE of the following:
  - Prior sino-nasal surgery
  - Prior treatment with systemic corticosteroids within the last two years was ineffective, unless contraindicated or not tolerated
- Member has ONE of the following:
  - A bilateral nasal endoscopy, anterior rhinoscopy, or computed tomography (CT) showing polyps reaching below the lower border of the middle turbinate or beyond in each nostril.
  - Meltzer Clinical Score of 2 or higher in both nostrils.
  - A total endoscopic nasal polyp score (NPS) of at least 5 with a minimum score of 2 for each nostril.
- Member has symptoms of nasal blockage, congestion, or obstruction plus ONE of the following additional symptoms:
  - Rhinorrhea (anterior/posterior)
  - Reduction or loss of smell
  - Facial pain or pressure



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- Member will continue to use a daily intranasal corticosteroid while being treated with the requested medication, unless contraindicated or not tolerated

## Continuation of Therapy

### Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

Authorization of 12 months may be granted for continuation of treatment of CRSwNP in members 12 years of age or older when BOTH of the following are met:

- Member has achieved or maintained a positive clinical response with the requested medication as evidenced by improvement in signs and symptoms of CRSwNP (e.g., improvement in nasal congestion, nasal polyp size, loss of smell, anterior or posterior rhinorrhea, sino-nasal inflammation, hyposmia or facial pressure or pain, reduction in corticosteroid use).
- Member will continue to use a daily intranasal corticosteroid while being treated with the requested medication, unless contraindicated or not tolerated

### Other

Member cannot use the requested medication concomitantly with any other biologic drug or targeted synthetic drug for the same indication.

Note: If the member is a current smoker or vaper, they should be counseled on the harmful effects of smoking and vaping on pulmonary conditions and available smoking and vaping cessation options.

### Approval Duration and Quantity Restrictions:

**Initial Approval:** 6 months

**Renewal Approval:** 12 months

**Quantity Level Limit:** 1 vial, syringe, or pen per 28 days

### References:

1. Tezspire [package insert]. Thousand Oaks, CA: Amgen Inc.; October 2025.
2. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2024 update. Available at: [https://ginasthma.org/wp-content/uploads/2024/05/GINA-2024-Strategy-Report-24\\_05\\_22\\_WMS.pdf](https://ginasthma.org/wp-content/uploads/2024/05/GINA-2024-Strategy-Report-24_05_22_WMS.pdf). Accessed March 1, 2025.
3. Cloutier MM, Dixon AE, Krishnan JA, et al. Managing asthma in adolescents and adults: 2020 asthma guideline update from the National Asthma Education and Prevention Program. JAMA. 2020;324(22): 2301-2317.
4. Wechsler ME, Colice G, Griffiths JM, et al. SOURCE: a phase 3, multicentre, randomized, double-blind, placebo-controlled, parallel group trial to evaluate the efficacy and safety of tezepelumab in reducing oral corticosteroid used in adults with oral corticosteroid dependent asthma. Respir Res.